ADDITIONAL REGISTRATION CATEGORY APPLICATION

Form Code: PSS_ARC Fee Code: 420
Application Fee - \$20.00

Check or Money Order payable to: Treasurer, Commonwealth of Virginia Or apply online:

www.dcjs.org/privatesecurity/watson.cfm
Application Fees are Non-Refundable

COMMONWEALTH OF VIRGINIA

Department of Criminal Justice Services
Private Security Services Section
P.O. Box 10110
Richmond, VA 23240-9998

Phone #: (804) 786-4700; Fax #: (804) 786-6344 Website: <u>www.dcjs.org/privatesecurity</u> Status Hotline: (804) 786-1132 or 1-877-9STATUS

1.	Applicant	t Name:	First Name	MI	
2	Social Security Number				
∠.	Social Sci		Date (mm/dd/yy	
3.	Mailing A	Address:Number and Street			
		Number and Street	City/Town	State Zip	
4.	Telephon	e: Residence	Business	Fax	
5.	May the I	Department provide information via an e-mail address? Yes No			
6.	E-Mail A	Address:			
7.	Are your	currently employed by a Priva	ate Security Business Yes	s 🔲 No	
	If yes, Bu	siness Name:		DCJS ID#	
8.	. Additional Category(s) Requested: (Check each that apply)				
		Private Investigator Personal Protection Specialis Security Canine Handler Unarmed Security Officer/C Armed Security Officer Armored Car Personnel*	Electronic Sec Courier* Electronic Sec		
9.	Have you completed all required mandated entry-level or in-service for selected categories?				
	Yes	Course Name:	Date C	completed:	
			Date C	mm/dd/yy	
				mm/dd/yy Completed:	
			ce is needed, please attach a separate piece	mm/dd/yy	
	☐ No		ot be processed until training hat te www.dcjs.org/privatesecurity requirements.	- · · · · · · · · · · · · · · · · · · ·	

	ng <u>Armored Car Personnel</u> category, have you submitted fing all and State Criminal History Check within the past 12 month				
☐ Ye	Yes				
□ N	No If No, please complete and submit a Fingerprint applied fingerprint card and \$50.00 processing fee for a nation	= 1 1 1 1			
11. Are you c	a currently registered or certified in a private security categor	ry in any other state or jurisdiction?			
□ N	No Yes If yes, please submit written notification of state(s) or	jurisdiction(s)			
12. Have you committed any act or omission which resulted in a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?					
☐ No					
Yes	If yes, attach copies of any correspondence or document the name of the jurisdiction in which it took place, the lie business/individual involved. Provide an explanation of of the disciplinary proceeding and the type of sanctions to	cense number and the name of the the events, including a description			
my knowledg falsification o charges. I un	rsigned, certify that all information contained on this applicated and I have not omitted any pertinent information. I under or omission of pertinent information may be cause for deniunderstand that I am responsible for maintaining full complications ough 9.1-150 and the Regulations Relating to Private Securi	erstand that any misrepresentation, al and may result in criminal ance with Virginia Code Sections			
Applicant's S	Signature	Date:			